## EXHIBIT C

The state of the s	PRO	OOF OF CLAIM		
Name of Debtor	Case Nu	ımher		
		0725~LBR		
U S A COMMERCIAL MORTGAGE COMPANY	06-1	0/25~LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administra arising after the commencement of the case A "request" for pr administrative expense may be filed pursuant to 11 U S C § 50	ayment of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address		statement giving particulars		
Robert G. TEETER 4201 VIA MARINA, ST	F 300	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address	SECURED INTER ONE OF THE DE	
MARINA Del Roy, CA 900	192	differs from the address on the envelope sent to you by the court	Bankruptcy Court	andy filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number (340 - 823 - 223 Y		count	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor id	entitles deblor	Check here replace or if this claim amen	a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree t	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful dea	ith   Wages	salaries and compensation (	fill out below)	Other claims against service
Services performed Taxes		digits of your SS#	-	(not for loan balances)
Money loaned Money loaned Other (describe bnefly) See Exhibit A	Unpaid o	compensation for services pe	formed from	to
2 DATE DEBT WAS INCURRED //-06-200	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(000)
4 CLASSIFICATION OF CLAIM Check the appropriate box or b	oxes that best descr	ibe your claim and state the amo	unt of the claim at t	he time case filed
See reverse side for important explanations	1	SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ 6 18 4 -  Check this box if a) there is no collateral or lien securing your clair exceeds the value of the property securing it or if c) none or only		a right of setoff)		red by collateral (including
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of	_	_
Check this box if you have an unsecured claim all or part of which entitled to priority	h is	Real Estate L	_ Motor Vehicle \$ UNKN	
Amount entitled to priority \$		Amount of arrearage ar	nd other charges	at time case filed included in
Specify the pnority of the claim		secured claim if any	10200	22
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)	a)(1)(B)	Up to \$2,225 of deposits town		
Wages salaries or commissions (up to \$10 000) earned within before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)	180 days	services for personal family of Taxes or penalties owed to go		
Contributions to an employee benefit plan 11 U S C § 507(a)(5	, L	Other Specify applicable pan		· · · · · · · · · · · · · · · · · · ·
	•	Amounts are subject to adjust with respect to cases commen		
5 TOTAL AMOUNT OF CLAIM \$ 67,184.6/	-\$ 67,18	74 6 / \$secured)	( priority)	\$ 67, 184.61 (Total)
Check this box if claim includes interest or other charges in add	•	•		• •
6 CREDITS The amount of all payments on this claim has b 7 SUPPORTING DOCUMENTS Attach copies of support running accounts contracts court judgments mortgages s DOCUMENTS If the documents are not available explain	<u>ling documents,</u> su security agreement	uch as promissory notes pure s and evidence of perfection	chase orders inv	oices itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgme proof of claim	ent of the filing of y	our claim enclose a stampe	d self-addressed	envelope and copy of this
The original of this completed proof of claim form must ACCEPTED) so that it is actually received on or before for each person or entity (including individuals, partner	5 00 pm, prevailir	ng Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
	• • •	•		TB 1044 6 -:
governmental units) BY MAIL TO BMC Group	BMC Gro		' FILI	D JAN 1 2 2007
Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245-0911	1330 Eas	ACM Claims Docketing Cente it Franklin Avenue do  CA 90245	r	
DATE SIGN and print the name and title if	any of the creditor o	Nother person authorized to file		
this claim (attach copy of power)	er of attorney if anyly	1-17 70 J		USA CMC

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U.S.C \$\$ 152 AND 3571

United States Bankruptcy Court	Dist	RICT O	F Nevada		5555555
Name of Dubtor	Case N				PROOF OF CLAIM
USA Commercial Mortsage			7725-6	BR	
NOTI- This form should not be used to make a claim for an adminis	strative expe	nse arisii	ng after the com	mencement	1
of the case A "request for payment of an administrative expense ma	y be filed po	irsuant t	O II USC § 10	)3	
Name of Creditor (The person or other entity to whom the			you are aware th a proof of claim		
debior owes money or property) Gerry Topp, a married man dealing withins	your	claim A	ttach copy of st	_	
Sole + separate property	<b></b>	g particul c box if	iars you have never r	eceived any	
Name and address where notices should be sent	notice		the bankruptcy c		
Gerry Topp 10745 W. River St	Check	c box if (	the address differ	rs from the	
Telephone number Truckee, CA 96161	addre the co		envelope sent to	o you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor		chere claim	replaces	eviously filed	claim dated
1 Resis for Claim		Re		defined in 11	USC § 1114(a)
Goods sold		T w	ages salaries, ai	nd compensati	ion (fill out below)
Services performed			st four digits of ipaid compensa		
Money loaned Personal injury/wrongful death			m		•
Taxes See Exhibit A		110	(date		(date)
2. Date debt was incurred	3	if cour	t judgment, da	te obtained	
Oct 2001		- h - a			f the plane of the tree area filed
4 Classification of Claim Check the appropriate box or boxes th See reverse side for important explanations	aat pest gesci		r claim and state ed Claim	the amount o	i the claim at the time case itied
Unsecured Nonpriority Claim S 260, 703, 10	1			wour claim is	secured by collateral (including
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c) is	r claim or	a right	of setoff)	your claim is	secured by containeral (including
only part of your claim is entitled to priority	iiolic oi	<u>I</u>	Brief Description	of Collateral	
Unsecured Priority Claim					ehicle Other
Check this box if you have an unsecured claim all or part of we entitled to priority	vhich is		/alue of Collater		
Amount entitled to priority \$		Secure	nt of arrearage and claim if any	s 4,23/	es <u>at time case filed</u> included in
Specify the priority of the claim					hase, lease, or rental of property
Domestic support obligations under 11 U S C § 507(a)(1)(A) of (a)(1)(B)		507(a)		family or hous	sehold tise 11 USC
Wages salaries or commissions (up to \$10,000),* earned within	n 180 🗂 .				alunits
days before filing of the bankruptcy petition or cessation of the debte business, whichever is earlier - 11 U S C § 507(a)(4)	ors ∟ C	unis are	subject to adju	stment on 4/1/	07 and every 3 years thereafter
Contributions to an employee benefit plan - 11 USC § 507(a	)(3)	•			after the date of adjustment.
5 Total Amount of Claim at Time Case Filed	_	(unecoure		red) (pr	260, 703, 10 nonty) (Total)
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges					
6. Credits The amount of all payments on this claim has been making this proof of claim	credited and	d deduc	ted for the purpo	ose of T	HIS SPACE IS FOR COURT USE ONLY
7 Supporting Documents. Attach copies of supporting docume	ents such as	promis	sory notes pure	hase	
orders invoices itemized statements of running accounts, contra	orders invoices itemized statements of running accounts, contracts court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the				
agreements and evidence of perfection of lien DO NOT SEN documents are not available explain. If the documents are voluments are voluments are voluments are voluments.	D ORIGINA	AL DOO	CUMENTS If t		IFR IAN BOOM
8. Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped self-			LED JAN 22 200		
addressed envelope and copy of this proof of claim					
Date Sign and print the name and title, if any, of the file this claim (attach copy of power of attor	ney if any)	or other	person authorize	ed to	
1/17/07 4				İ	
Jamy Jam	·				USA CMC

Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 USC 55



LINITED STATES BAHKRUPTCY COURTS AND	3 - ED	tered 11/119/11 15:2	4'24 Pan	<del>e 4 ot 9</del>
DISTRICT OF NEVABA	PR	OF OF CLAIM	r.2-r r ag	0 4 01 0
	Case Number			
USA Commercial Mortgage Company	06-10725,LBR			
		المعادلات المعاد		
NOTE See Reverse for List of Debtors and Case Numbers	······································			
This form should not be used to make a claim for an administrative experience arising after the commencement of the case. A "request" for payment of		Check box if you are aware that anyone else has		
administrative expense may be filed pursuant to 11 U S C § 503	************	filed a proof of claim relating to your claim Attach copy of	WHOSE LOAN IS	Y OWED MONEY BY A BORROWER BEING SERVICED BY THE
Name of Creditor and Address 11321242039536		statement giving particulars	OF CLAIM THIS	O <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT
WESTBROOK CONNIE	'	Check box if you have never received any notices	BORROWER HEL	D IN THE COLLECTION ACCOUNT
14320 GHOST RIDER DRIVE		from the bankruptcy court or BMC Group in this case		IS PROOF OF CLAIM FOR A
RENO NV 89511		Check box if this address	ONE OF THE DE	EST IN A BORROWER THAT IS NOT STORS
		differs from the address on the envelope sent to you by the		eady filed a proof of claim with the or BMC you do not need to file again
Creditor 7 elephone Number ( )		court		E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies de	ebtor	Check here replace	es a promonal	filed claim dated 12/2006
		if this claim amen	ds	med claim dated 121 2006
1 BASIS FOR CLAIM	Retiree b	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Gour's sold Personal injury/wrongful death Services performe t I axes	-	salar es and compensation (	ill out below)	Other claims against servicer (not for loan balances)
Money loaned Other (describe briefly)		digits of your SS #	formed from	•
See exhibit A	Onpaid (	compensation for acreacy per	TOTTICO TIOTT	(date) (date)
2 DATE DEBT WAS INCURRED 10.29.2003		OURT JUDGMENT, DATE O		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for impurtant explanations	best descr NE4∖		unt of the claim at th	he time case filed
UNSECURED NONPRIDRITY CLAIM \$ 148,453 92 (4	EXA	SECURED CLAIM  Check this box if you	our claim is secur	ed by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) y exceeds the value of the property securing it or if c) none or only part of you	our claim ur claim is	a nght of setoff)		Tanah Canada Marana
entitled to priority		Brief description of	collateral	
UNSECURED PRIORITY CLAIM  Check this box if you have an unsecured claim all or part of which is		Real Estate		
entitled to priority Value of Collaters			<u> </u>	
Amount entitled to priority \$		Amount of arrearage ar secured claim if any	nd other charges	at time case filed included in
Specify the priority of the claim  Domestic support oblig stions under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	<u></u>	Up to \$2 225* of deposits toward		
Wages, salaries or commissions (up to \$10 000)* earned within 180 days	J	services for personal family of	r household use -1	1 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)	느	Taxes or penalties owed to go		4 (1)
Contributions to an employee benefit plan 11 USC § 507(a)(5)	L	Other Specify applicable para * Amounts are subject to adjust		
TOTAL AMOUNT OF CLAIM C. MILE	1.10	with respect to cases commen	ced on or after the	date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ 148 453.92 \$ AT TIME CASE FILED (unsecured)	• •	453,92 \$secured)	( priority)	→ 148, 452,92
Check this box if claim includes interest or other charges in addition to the	,	,	. , ,	V/
6 CREDITS The amount of all payments on this claim has been cred	ited and d	deducted for the purpose of m	aking this proof	of claim
7 SUPPORTING DOCIJMENTS <u>Attach copies of supporting documents</u> , running accounts, contracts court judgments, mortgages, security as	ments. su	uch as promissory notes pure	chase orders inv	oices, itemized statements of
DOCUMENTS If the documents are not available, explain if the do	greements ocuments	s, and evidence of perfection are voluminous, attach a sui	nmary	I BEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim				envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm,				THIS SPACE FOR COURT USE ONLY
for each person or entity (including individuals, partnerships, co	orporatio	ons, joint ventures, trusts a	1	
governmental units) BY MAIL TO BY Group  BY HAND OR OVERNIGHT DELIVERY TO BMC Group  BMC Group				2 IAN 10 2001
Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center			DJAN	
El Segundo CA 90245-0911	El Segun	st Franklin Avenue do CA 90245		
DATE SIGN and point the name and title if any of the (this clayin (attach copy of power of attorn	e creditor o	or other person authorized to file	1122	USA CMC
1-8-07 (this claim (attach copy ar power of attorn	1096	110.895	1678	IN THE RESERVE OF THE CONTRACT
				1072501922

Case 06-10725-gwz Doc 8663	2 Er	stored 07/10/11 15:	44:24 Par	10 5 of 0	
, .		OOF OF CLAIM	r4.24 Γα <u>ί</u>	JC 0 01 0	
Name of Debtor	Case Nu	ımber:			
USA Commercial Mortgage Company	06-10725-LBR				
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense ansing after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating	IF YOU ARE ONLY OWED MONEY BY A BORROWER		
Name of Creditor and Address.  *** The Control of t	m_	to your claim Attach copy of statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the envelope sent to you by the	DEBTORS YOU I OF CLAIM THIS BORROWER HEI DO NOT FILE TH SECURED INTER ONE OF THE DE If you have ain	BEING SERVICED BY THE DO MOT HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT LD IN THE COLLECTION ACCOUNT IS PROOF OF CLAIM FOR A BEST IN A BORROWER THAT IS NOT BTORS BEDY BILL OF THE SERVICE OF THE SERV	
Creditor Telephone Number (3 10 - 158 - 33.3 4	J-1-1	court	THIS SPACE IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor identifies $q_7$	debtor.	Check here replain or if this claim amer	<ul> <li>a previously</li> </ul>	filed claim dated	
1 BASIS FOR CLAIM  ☐ Goods sold ☐ Personal injury/wrongful death ☐ Services performed ☐ Taxes ☐ Woney loaned ☐ Other (describe briefly) ☐ See Extract A	Wages,	penefits as defined in 11 U S salaries, and compensation ( r digits of your SS # compensation for services pe	fill out below)	Unremitted principal Other claims against servicer (not for loan balances)	
2. DATE DEBT WAS INCURRED 12-16-2002	la IE C	OURT JUDGMENT, DATE O	RTAINED	(date) (date)	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				he time case filed	
See reverse side for important explanations  UNSECURED NONPRIORITY CLAIM \$ 605,31799  Check this box if a) there is no collateral or iien securing your claim or b) exceeds the value of the property securing it, or if c) none or only part of yo entitled to priority  UNSECURED PRIORITY CLAIM  Check this box if you have an unsecured claim all or part of which is entitled to priority  Amount entitled to priority  Specify the priority of the claim  Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	vur daim is 	a right of setoff)  Bnef description of  Real Estate  Value of Collateral	collateral  Motor Vehicle  \$ Until  nd other charges \$ 2 4 9,  ard purchase lease or household use -1  vemmental units -	at time case filed included in 6 3 or rental of property or 1 U S C § 507(a)(7)	
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	<b>L</b> .	* Amounts are subject to adjust with respect to cases commen	stment on 4/1/07 an	d every 3 years thereafter	
5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED  \$ \( \begin{align*} \sqrt{3.17.9.9} \\ \sqrt{\text{(unsecured)}} \end{align*} \sqrt{\text{(secured)}} \end{align*} \text{(priority)} \text{(Total)} \\  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges  6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  7 SUPPORTING DOCUMENTS. Attach copies of supporting documents, such as promissory potes, purpose or great provides itemized electroments of the claim.					
running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain. If the documents are voluminous, attach a summary  8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped, self-addressed envelope and copy of this proof of claim					
Attn USACM Claims Docketing Center P O Box 911	, prevailing orporation BY HAND BMC Gro Attn USA 1330 Eas	g Pacific time, on Novembe	er 13, 2006 nd 	THIS SPACE FOR COURT USE ONLY	
DATE SIGN and print the pare and title if any of the thie that dittic hoopy of power of attorn  1-10-2007  While that dittic hoopy of power of attorn	e creditor of ney if any)	rother person authorized to file Winklen Family 26 DTD 3/13/8	6	USA CMC	
Penalty for presenting frauduleht claim is a fine of up to \$500 000 or imprisonment	nt for up to	əyənə ordon 18USC §§	152 AND 3571		

. .

of pe

Name of Debtor  USA Commercial Mortgage Company  Gese Number  06-10725-LBR  NOTE See Reverse for List of Debtors and Case Numbers  Time from should not be used to make a claim for an administrative expense arising after the commerciance of the case A "requise" for payment of an administrative expense arising after the commerciance of the case A "requise" for payment of an administrative expense arising after the commerciance of the case A "requise" for payment of an administrative expense arising after the commerciance of the case A "requise" for payment of an administrative expense arising after the commerciance of the case A "requise" for payment of an administrative expense arising after the commerciance of the case A "requise" for payment of an administrative expense estimated by your drief. Administrative payment to the administrative expenses of CLAIM and EMBLY OF TRUST TO TO TO FORCE AND TRUST TRUST TO TO TO FORCE AND TRUST TRUST TO TO TO FORCE AND TRUST TRUST TRUST TO TO FORCE AND TRUST TRUS	Case 06-10725 gwz Doc 866	3-3 Er	ntered 07/19/11 15:4	44:24 Page 6 of 9
USA Commercial Mortgage Company  06-10725-LBR  NOTE: See Reverse for List of Debtors and Case Numbers The form should not be used to make a claim for an administrative expenses after product on the commercement of the case A Procured for payment of an admining shift the commercement of the case A Procured for payment of an admining shift the commercement of the case A Procured for payment of an admining shift the commercement of the case A Procured for payment of an admining shift the commercement of the shift of the payment of an admining shift the commercement of the shift of the commercement of t	5000 00 10.20 gnz - 500 000	PRO	OOF OF CLAIM	
USA Commercial Mortgage Company  06-10725-LBR  NOTE: See Reverse for List of Debtors and Case Numbers The form should not be used to make a claim for an administrative expenses after product on the commercement of the case A Procured for payment of an admining shift the commercement of the case A Procured for payment of an admining shift the commercement of the case A Procured for payment of an admining shift the commercement of the case A Procured for payment of an admining shift the commercement of the shift of the payment of an admining shift the commercement of the shift of the commercement of t	Name of Debtor	Casa Number		
NOTE: See Rowers for Let of Dabtors and Case Numbers The Som should not be used to make a claim for an administrative expenses arising after the commencement of the case A "request" for payment of an administrative expense may be find pursuant to 11 U.S. C. § 503.  Name of Creditor and Address  WINKER, CAMBEL 174/1764  LOS ANGELS CA. 90064  LOS A		1		
This form abould not be used to make a claim for an administrative superise arrising after the commencement of the case A "requested for payment of administrative expense may be find pursuant to 11 U.S.C.\$ \$000.  Name of Creditor and Address  1132/1242039820  WINGER, CAMBEL TAVETEC  LOS ANGELES AS 90004  WINGER, CAMBEL TAVETEC  Check back for you have sensitively count or of the manual the discretifies debtor  Check back for you have an extracted the manual threat the country of the cambel threat th	USA Commercial mortgage company	00-107	ZYLDN	
Name of Creditor and Address    Committee			aware that anyone else has filed a proof of claim relating	
EMC Group in this case    Condition Telephone Number   Carlo   TRUIS	WINKLER, CARMEL TRUSTEE	20	statement giving particulars  Check box if you have never received any notices	DEBTORS YOU DO <u>MOT</u> HAVE TO FILE A PROOF OF CLAIM THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNT
## Creditor Telephone Number (2) 0 - 3 - 33 V  Last four digits of account or other number by which creditor identifies debtor    Askis FOR CLAIM	LOS ANGELES CA 90064			
BASIS FOR CLAIM   Personal injury/wrongful death   Retree benefits as defined in 11 U.S.C.\$ 1114(a)   Unremitted principal   Goods sold   Personal injury/wrongful death   Wagos, salenes and compensation (fill out below)   Other claims against servicer (not for loan belences)   Other claims against services for protection of the claim the time case field   Other claims against servicer (not for loan belences)   Other claims against servicer (not for loan belences)   Other claims against services for protection of the claim the time case field   Other claims against servicer (not for loan belences)   Other claims against servicer (not for	WINKLER FAMILY TRUST DI 3/13	TD 3/1986	differs from the address on the envelope sent to you by the	If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again
BASIS FOR CLAIM	Creditor Telephone Number (310 -558 - 333 9		court	THIS SPACE IS FOR COURT USE ONLY
Goods sold   Personal injury/wrongful death   Taxes   Wages, salaries and compensation (fill out below)   Cother (describe briefly)   Cother (		s debtor	I if this claim I'm Or	a previously filed claim dated
Services performed		Retiree t	penefits as defined in 11 U S	C § 1114(a) Unremitted principal
Last rour digits of your SS #   Unpaid compensation for services performed from   Last rour digits of your SS #   Unpaid compensation for services performed from   Last rour digits of your SS #   Unpaid compensation for services performed from   Last rour digits of your SS #   Unpaid compensation for services performed from   Last rour digits of your SS #   Unpaid compensation for services performed from   Last rour digits of your SS #   Unpaid compensation for services performed from   Last rour digits of your digits of yo		Wages,	salanes and compensation (	fill out below) Other claims against servicer
2. DATE DEBT WAS INCURRED  2	1		· ·	· · · · · · · · · · · · · · · · · · ·
2 DATE DEST WAS INCURRED  4 CLASSIFICATION OF CLAIM  Check the special particles  WINSECURED NORPRORITY CLAIM  Check this box if a) there is no collateral of then securing your claim or b) your claim is entitled to priority  UNSECURED NORPRORITY CLAIM  Check this box if a) there is no collateral of then securing your claim or b) your claim is entitled to priority  UNSECURED PRIORITY CLAIM  Check this box if you have an unsecured claim all or part of which is entitled to priority  Amount entitled to priority  Amount entitled to priority  Specify the priority of the claim  Domestic support obligations under 11 U.S.C. § 507(e)(1)(A) or (e)(1)(B)  Wages salarites or commissions (up to \$10 000)* earned within 180 days before filling of the bankruptcy petition or ossessition of the debtor's business whichever is earlier. 11 U.S.C. § 507(e)(5)  Contributions to an employee benefit plan - 11 U.S.C. § 507(e)(5)  Taxes or penalties cowed to governmental units - 11 U.S.C. § 507(e)(7)  Taxes or penalties cowed to governmental units - 11 U.S.C. § 507(e)(7)  **Amounts are subject to edjustment on 41107 and every 3-years thereafter with respect to cases commenced on or effer the date of adjustment A1107 and every 3-years thereafter with respect to cases commenced on or effer the date of adjustment of A1107 and every 3-years thereafter with respect to cases commenced on or effer the date of adjustment of A1107 and every 3-years thereafter with respect to cases commenced on or effer the date of adjustment of A1107 and every 3-years thereafter with respect to cases commenced on or effer the date of adjustment of A1107 and every 3-years thereafter with respect to expect the part of the claim A1107 and every 3-years thereafter with respect to expect the part of the claim A1107 and every 3-years thereafter with respect to expect the part of the claim A1107 and every 3-years thereafter with respect to expect the adjustment of A1107 and every 3-years thereafter with respect to expect the adjustment of A1107 and every 3-years thereaf	Money loaned Other (describe briefly)  See Guille (T. )	Unpaid o	compensation for services pe	
A CLASSIFICATION OF CLAIM  See reverse side for important explanations  WINDECURED NOMPRIORITY CLAIM  Solve this box if a) there is no collateral or lien securing your claim or b) your claim is exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority  WINDECURED PRIORITY CLAIM  Check this box if y) there is no collateral or lien securing your claim or b) your claim is entitled to priority  WINDECURED PRIORITY CLAIM  Check this box if you have an unsecured claim all or part of which is entitled to priority  Amount entitled to priority  Specify the priority of the claim  Domestic support obligations under 11 U.S.C. § 507(e)(1)(A) or (e)(1)(B)  Wileges salaries or commissions (up to \$10 000)* earned within 180 days before filing of the benkruptcy petition or cessation of the debtor's business whichever is earlier. 11 U.S.C. § 507(e)(4)  Contributions to an employee benefit plan - 11 U.S.C. § 507(e)(6)  Towers or penalties owed to governmental units - 11 U.S.C. § 507(e)(1)  Other - Specify applicable paragraph of 11 U.S.C. § 507(e)(1)  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges  FOOTAL AMOUNT OF CLAIM  ATTIMIC CASE FILED  (unsecured)  (priority)  (accured)  (priority)  (prio	2. DATE DEBT WAS INCURRED /2-16-2002	3 IF C	OURT JUDGMENT, DATE O	
UNSECURED NONPRIORITY CLAIM \$ 30, 21 1 2 2	4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes the			
Check this box if a) there is no collateral or lien securing your claim is excelled by collateral (including a right of setoff)	- (1,1)		SECURED CLAIM	
exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority  UNSECURED PRIORITY CLAIM  Check this box if you have an unsecured claim all or part of which is entitled to priority  Amount entitled to priority  \$\$\$ pecify the pronity of the claim  Domestic support obligations under 11 U.S.C.\$ 507(a)(1)(A) or (a)(1)(B)  Weges salaries or commissions (up to \$10.000)* earned within 180 days business whichever is earlier - 11 U.S.C.\$ \$507(a)(5)  Contributions to an employee benefit plan - 11 U.S.C.\$ \$507(a)(5)  Taxes or penalties owed to governmental units - 11 U.S.C.\$ \$507(a)(6)  Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges  TOTAL AMOUNT OF CLAIM  AT TIME CASE FILED  Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges  CERDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim  7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders, invoices, itemized statements of nurning accounts contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. Do NOT SEND ORIGINAL DOCUMENTS if the documents are not available, explain if the documents are voluminous, attach a summary  DATE-STAMPED COPY To receive an acknowledgment for the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim  The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT USE ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY		b) vour claim	Check this box if you	our claim is secured by collateral (including
UNSECURED PRIORITY CLAIM  Check this box if you have an unsecured claim all or part of which is entitled to priority  Amount entitled to priority  Specify the pnority of the claim  Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  Wages salaries or commissions (up to \$10 000)* earned within 180 days before filling of the benkruptcy petition or cessation of the debtor's business whichever is earlier -11 U S C § 507(a)(4)  Contributions to an employee benefit plan - 11 U S C § 507(a)(5)  Taxes or penalties owed to governmental units - 11 U S C § 507(a)(6)  Other - Specify applicable paragraph of 11 U S C § 507(a)(6)  Other - Specify applicable paragraph of 11 U S C § 507(a)(6)  Taxes or penalties owed to governmental units - 11 U S C § 507(a)(6)  Other - Specify applicable paragraph of 11 U S C § 507(a)(6)  Taxes or penalties owed to governmental units - 11 U S C § 507(a)(6)  Other - Specify applicable paragraph of 11 U S C § 507(a)(6)  Taxes or penalties owed to governmental units - 11 U S C § 507(a)(6)  Other - Specify applicable paragraph of 11 U S C § 507(a)(6)  Other - Specify applicable paragraph of 11 U S C § 507(a)(6)  Taxes or penalties owed to governmental units - 11 U S C § 507(a)(6)  Other - Specify applicable paragraph of 11 U S C § 507(a)(6)  Other - Specify applicable paragraph of 11 U S C § 507(a)(6)  Other - Specify applicable paragraph of 11 U S C § 507(a)(6)  Other - Specify applicable paragraph of 11 U S C § 507(a)(7)  *Amounts are subject to adjustment on 41/107 and every 3 years threafter white respective to adjustment on 41/107 and every 3 years threafter white respective to adjustment on 41/107 and every 3 years threafter white respective to adjustment on 41/107 and every 3 years threafter white respective to adjustment on 41/107 and every 3 years threafter white respective to adjustment on 41/107 and every 3 years threafter white respective to adjustment on 41/107 and every 3 years threafter white respective to adjustment on 41/107 and every 3 years threafter white	exceeds the value of the property securing it or if c) none or only part of	your claim is	,	
Check this box if you have an unsecured claim all or part of which is entitled to priority  Amount entitled to priority  Specify the priority of the claim  Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  Wages salaries or commissions (up to \$10 000)* earned within 180 days before filting of the bankruptcy petition or cessation of the debtor's business whichever is earlier -11 U.S.C. § 507(a)(5)  Contributions to an employee benefit plan -11 U.S.C. § 507(a)(5)  Taxes or penalties owed to governmental units -11 U.S.C. § 507(a)(6)  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach termized statement of all interest or additional charges  The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. The original of this courte funds, such as promissory notes purchase orders, invoices, itemized statements of nurning accounts contracts, court judgments, mortgages, security agreements are voluminous, attach a summary.  DATE—State of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailling Pacific time, on November 13, 2006  TAXED TO THE CASE FILE OF This payments on this capital payments on the claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailling Pacific time, on November 13, 2006  The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailling Pacific time, on November 13, 2006  The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailling Pacific time, on November 13, 2006  The Original of this completed proof of claim form pm and tills, any of the purpose of th			_ ` _	_
Amount entitled to priority  Specify the priority of the claim  Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the benkruptcy petition or cessation of the debtor's business whichever is earlier - 11 U.S.C. § 507(a)(A)  Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)  Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(B)  Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(C)  Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(C)  Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(C)  Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(C)  Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(C)  Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(C)  Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(C)  Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(C)  Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(C)  Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(C)  Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(C)  Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(C)  Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(C)  Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(C)  Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(C)  Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(C)  Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(C)  Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(C)  Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(C)  Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(C)  Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(C)  Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(C)  Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(C)  Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(C)  Other - Specify applica	·		Real Estate	
Specify the pnority of the claim    Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)   Wages salaries or commissions (up to \$10 000)* earmed within 180 days before filling of the benkruptcy petition or cessation of the debtor's business whichever is earlier - 11 U.S.C. § 507(a)(4)   Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)   Taxes or personal family or household use -11 U.S.C. § 507(a)(5)   Taxes or pensities owed to governmental units - 11 U.S.C. § 507(a)(5)   Taxes or pensities owed to governmental units - 11 U.S.C. § 507(a)(6)   Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(6)   Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(6)   Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment with respect to adjustment on 4/1/07 and every 3 years thereafter with respect to adjustment on 4/1/07 and every 3 years thereafter with respect to adjustment on 4/1/07 and every 3 years thereafter with respect to adjustment on 4/1/07 and every 3 years thereafter with respect to adjustment on 4/1/07 and every 3 years thereafter with respect to adjustment on 4/1/07 and every 3 years thereafter with respect to adjustment on 4/1/07 and every 3 years thereafter with respect to adjustment on 4/1/07 and every 3 years thereafter with respect to adjustment on 4/1/07 and every 3 years thereafter with respect to adjustment on 4/1/07 and every 3 years thereafter with respect to adjustment on 4/1/07 and every 3 years thereafter with respect to adjustment on 4/1/07 and every 3 years thereafter with respect to adjustment on 4/1/07 and every 3 years thereafter with respect to adjustment on 4/1/07 and every 3 years thereafter with respect to adjustment on 4/1/07 and every 3 years thereafter with respect to adjustment on 4/1/07 and every 3 years thereafter with respect to adjustment on 4/1/07 and every 3 years thereafter with respect to adjustment on 4/1/07 and every 3 years thereafter wit				
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the behix uptry petition or seesation of the debtor's business whichever is earlier -11 U S C § 507(a)(7)  Taxes or penalties owed to governmental units - 11 U S C § 507(a)(6)  Other - Specify applicable paragraph of 11 U S C § 507(a)(6)  Other - Specify applicable paragraph of 11 U S C § 507(a)(6)  Other - Specify applicable paragraph of 11 U S C § 507(a)(6)  Other - Specify applicable paragraph of 11 U S C § 507(a)(6)  Other - Specify applicable paragraph of 11 U S C § 507(a)(6)  Other - Specify applicable paragraph of 11 U S C § 507(a)(6)  Other - Specify applicable paragraph of 11 U S C § 507(a)(6)  Other - Specify applicable paragraph of 11 U S C § 507(a)(6)  Other - Specify applicable paragraph of 11 U S C § 507(a)(6)  Other - Specify applicable paragraph of 11 U S C § 507(a)(6)  Other - Specify applicable paragraph of 11 U S C § 507(a)(7)  **Amounts are subject to edjustment on 4t107 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment  Taxonum to a subject to edjustment on 4t107 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment  **Amounts are subject to edjustment on 4t107 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment  **Interval of a subject to edjustment on 4t107 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment on 4t107 and every 3 years thereafter with respect to edjustment on 4t107 and every 3 years thereafter with respect to edjustment on 4t107 and every 3 years thereafter with respect to edjustment on 4t107 and every 3 years thereafter with respect to edjustment on 4t107 and every 3 years thereafter with respect to edjustment on 4t107 and every 3 years thereafter with respect to edjustment on 4t107 and every 3 years thereafter with respect to edjustment on 4			Amount of arrearage ar	nd other charges at time case filed included in
Wages salaries or commissions (up to \$10 000)* earned within 180 days before fiting of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)  Contributions to an employee benefit plan - 11 U S C § 507(a)(5)  Taxes or penalties owed to governmental units - 11 U S C § 507(a)(6)  Other - Specify applicable paragraph of 11 U S C § 507(a)(1				
before filing of the benkruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)  Contributions to an employee benefit plan - 11 U S C § 507(a)(5)  Taxes or penalties owed to governmental units - 11 U S C § 507(a)(6)  Other - Specify applicable paragraph of 11 U S C § 507(a)(6)  Other - Specify applicable paragraph of 11 U S C § 507(a) (		_		
Contributions to an employee benefit plan - 11 USC § 507(a)(5)  *Amounts are subject to adjustment on 41/107 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment  5 TOTAL AMOUNT OF CLAIM  **AT TIME CASE FILED  **INDUSTRIAN**  *	before filing of the bankruptcy petition or cessation of the debtor's	" C	Taxes or penalties owed to go	vernmental units - 11 U S C § 507(a)(8)
**TOTAL AMOUNT OF CLAIM \$ 30715.72 \$ \$ 130715.72 \$ 130715.				•
To Total AMOUNT OF CLAIM AT TIME CASE FILED    (unsecured)   (secured)   (secured)   (pnonty)   (Total)	Contributions to all employee bettern plant - 11 0 0 0 9 307 (a)(0)			
AT TIME CASE FILED  (unsecured)  (secured)  (secured)  (pnonty)  (Total)  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  SUPPORTING DOCUMENTS Attach copies of supporting documents. Such as promissory notes purchase orders, invoices, itemized statements of running accounts contracts, count judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain. If the documents are voluminous, attach a summary.  BATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.  The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5.00 pm, prevailling Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)  BY HAND OR OVERNIGHT DELIVERY TO BMC Group  Attn. USACM Claims Docketing Center  P O Box 911  El Segundo, CA 90245-0911  El Segundo, CA 90245-0911  El Segundo, CA 90245-0911  DATE  SIGN and point the name and title if any of the corpora pullborated to file.	1	13021	<del></del>	<u> </u>
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim  7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders, invoices, itemized statements of running accounts contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain if the documents are voluminous, attach a summary.  8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.  The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)  8 Y HAND OR OVERNIGHT DELIVERY TO BMC Group  Attn. USACM Claims Docketing Center  P. O. Box 911  El Segundo, CA 90245-0911  SIGN and part the name and title of any of the creditor or other person subtorized to file.  107250280	AI TIME CASE FILED (unsecured)	, , ,		( priority) (Total)
7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders, invoices, itemized statements of running accounts contracts, court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain. If the documents are voluminous, attach a summary  8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.  The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)  BY HAND OR OVERNIGHT DELIVERY TO BMC Group  Attn USACM Claims Docketing Center  P O Box 911  El Segundo, CA 90245-0911  SIGN and part the name and title if any of the creditor or other person suithorized to file.	Check this box if claim includes interest or other charges in addition to	the principal	amount of the claim Attach ite	mized statement of all interest or additional charges
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)  BY HAND OR OVERNIGHT DELIVERY TO BMC Group  Attn USACM Claims Docketing Center P O Box 911 El Segundo, CA 90245-0911  DATE  SIGN and print the name and title if any of the creditor or other person subtorzed to file	7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts contracts, court judgments, mortgages, security DOCUMENTS If the documents are not available, explain. If the	cuments, su y agreement y documents	uch as promissory notes pure s and evidence of perfection are voluminous, attach a sui	chase orders, invoices, itemized statements of of lien DO NOT SEND ORIGINAL mmary
ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)  BY HAND OR OVERNIGHT DELIVERY TO BMC Group  Attn USACM Claims Docketing Center  P O Box 911  El Segundo, CA 90245-0911  El Segundo, CA 90245-0911  SIGN and print the name and title if any of the creditor or other person suthorized to file.	proof of claim			
BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo, CA 90245-0911  SIGN and print the name and title if any of the creditor or other person suthorized to file	ACCEPTED) so that it is actually received on or before 5 00 p	m, prevailir	ng Pacific time, on Novemb	er 13, 2006 USE ONLY
P O Box 911 El Segundo, CA 90245-0911 SIGN and profit the name and title of any of the creditor or other person suthorized to file	governmental units) By MAIL TO BMC Group	BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO up	, FILED JAN 1 2 2007
El Segundo, CA 90245-0911 El Segundo, CA 90245				USA CMC
UNITE  SIGN and print the name and title if any of the creditor or other person authorized to file  this claim (attach copy of power of attorney if any)  I - (0-2007		El Segun	do, CA 90245	
1-10-2007 100000 (200) 400 CANLACT WINKIER, 1800 700	SIGN and print the name and title if any of this claim (attach copy of power of att	the creditor o	r other person authorized to file	1072502280
Count winkles Win Klea Hanky 1205 DTD 71386	1-10-2007 Carmel Winkler	uner U	- Annice TRUST DI	TD \$13/86

FORM B10 (Official Liebson 100)-(10/05)5-gwz Doc 8663-3 Entered 07/19/11 15:44:24 Page 7 of 9 UNITED STATES BANKRUPTCY COURT DISTRICT OF NEUADA PROOF OF CLAIM Name of Debtor Case Number USA COMMERCIAL MORTGAGE Co. 06-10725 NOTE. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503 Name of Creditor (The person or other entity to whom the Check box if you are aware that anyone dubtor owes money or property) CARMEL WINILLER else has filed a proof of claim relating to your claim Attach copy of statement ICATER OF WINKER FOM TO 3/13/90 giving particulars ☐ Check box if you have never received any Name and address where notices should be sent notices from the bankruptcy court in this ROBERT C. LEPOME 10/20 S. EASTERN # 200 П Check box if the address differs from the HENDERSON, NV 89052 address on the envelope sent to you by THIS SPACE IS HOR COUPT USE ONE! Telephone number (702) 492-127/ the court. Last four digits of account or other number by which creditor Check here replaces identifies debior if this claim 🔲 amends a previously filed claim dated 32 1 Basis for Claim GENERAL UNSECURED D Retiree benefits as defined in 11 USC § 1114(a) Wages salaries, and compensation (fill out below) Goods sold Last four digits of your SS # Services performed Unpaid compensation for services performed Money loaned Personal injury/wrongful death . to Taxes NEGLICENCE & FRAUS (date) (date) Date debt was incurred. JAN 1, 200 If court judgment, date obtained. 12, 2006 4 Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations. Secured Claim Unsecured Nonpriority Claim 5\_32. Check this box if your claim is secured by collateral (including Check this box if a) there is no collateral or lien securing your claim, or a right of setoff) b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority Brief Description of Collateral ☐ Real Estate ☐ Motor Vehicle ☐ Other. Unsecured Priority Claim Value of Collateral Check this box if you have an unsecured claim all or part of which is entitled to priority Amount of arrearage and other charges at time case filed included in secured claim, if any \$\_ Amount entitled to priority \$\_\_\_ Specify the priority of the claim Up to \$2,225\* of deposits toward purchase, lease, or rental of property or services for personal family or household use - 11 U S C. Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)Taxes or penalties owed to governmental units - 11 USC § 507(a)(8) ☐ Wages salaries or commissions (up to \$10 000),\* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 USC § 507(a)(4) Other - Specify applicable paragraph of 11 USC § 507(a)(\_ \*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. Contributions to an employee benefit plan - 11 U S C. § 507(a)(5) 5, Total Amount of Claim at Time Case Filed 254 (unsecured) (secured) (рпопty) (Total) ☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges Credits The amount of all payments on this claim has been credited and deducted for the purpose of THIS SPACE IS FOR COURT USE ONLY making this proof of claim Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders invoices itemized statements of running accounts, contracts court judgments mortgages, security Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-ED DEC 1 1 2006 addressed envelope and copy of this proof of claim

Sign and print the name and role of file this claim (a tach copy of power of attorney, if an /) BAD# 1980 12/11/02 USA CMC

EPOME, ATTY FOR CLAIMANT

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA (LAS VEGAS)						
UNITED STATES BAT	PROOF OF CLAIM					
Training and the same of the s		ase Number 6-10725LBR				
	not be used to make a claim for an administ for payment of an administrative expense ma					
Name of Creditor (The p debtor owes money or pr	erson or other entity to whom the operty)	els	neck box if you are aware that anyone the has filed a proof of claim relating to the ur claim. Attach copy of statement			
X-Factor Inc		gıv	eck box if you have never received any			
Name and address where c/o Scott D Fleming Es	9		tices from the bankruptcy court in this			
Hale Lane Peek Denniso 3930 Howard Hughes Pa Las Vegas Nevada 8916	rkway 4th Floor	ad	neck box if the address differs from the dress on the envelope sent to you by a court			
Telephone number 702		Charl		THIS SPACE IS FOR COURT USE ONLY		
	nt or other number by which creditor count ID 176	Check if this	<del>-</del> - •	viously filed claim, dated		
1 Basis for Claim       ☐ Retiree benefits as defined in 11 U S C §         ☐ Goods sold       ☐ Retiree benefits as defined in 11 U S C §         ☐ Services performed       ☐ Wages salaries and compensations (fill of Ungated Services)         ☐ Personal mjury/wrongful death       ☐ Unpaid compensations for services perform trom				ut below)		
2 Date debt was incur	red See Attachment A	3 If	court judgment, date obtained			
4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of See reverse side for important explanations  Unsecured Nonpriority Claim \$ Unknown (see Attachment A)  a) Check this box if a) there is no collateral or lien securing your claim, or b) Your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority  Brief Description of Collateral						
Unsecured Priority Claim Real Estate Motor Vehicle				e 🔲 Other		
Check this box it you have an unsecured claim all or part of which is entitled to priority   Value of Collateral \$  Amount of arrearage and other charges						
Amount entitled to priori	ty		secured claim if any \$			
			Up to \$2 225* of deposits toward p or services for personal family or \$ 507(a)(7)			
1_	commissions (un to \$10,000) * eamed within	180	☐ Taxes or penalties owed to govern	mental units 11 U S C § 507(a)(8)		
Wages salaries or commissions (up to \$10 000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtors business whichever is earlier — 11 U S C § 507(a)(4)  *Amounts are subject to adjustment of with respect to cases commenced on a						
Contributions to an	employee benefit plan — 11 USC § 507(a	)(5)				
5 Total Amount of Claim at Time Case Filed  \$ Unknown (unsecured) (secured) (priority)  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all						
interest or additional charges						
making this proof of 7 Supporting Docume	ents Attach copies of supporting documents	such a	s promissory notes purchase	THIS SPACE IS FOR COURT USE ONLY		
orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary  8 Date Stamped Copy. To receive an acknowledgement of the filing of your claim enclose a stamped self.						
addressed envelope and copy of this proof of claim				101 10 2000		
Date	file this claim (attach copy of power of atte			USA CMC		
November 9 2006 /s/ Scott D Fleming Esq			11111111111111111111111111111111111111			

UNITED STATES BANKRUPTCIMCOURTOC 8663 DISTRICT OF NEVADA	PRO	DOF OF CLAIM		AIM IS SCHEDULED AS:
Name of Debtor:	Case Number:		Schedule/Claim If	
		725-LBR	Amount/Classifica	ation
· ·			\$35,750.73 Unse	cured
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. 6 503		Check box if you are aware that anyone else has filed a proof of claim relating	The a second set	
Administrative expense may be filed pursuant to 11 U.S.C. § 503.  Name of Creditor and Address:		to your claim. Attach copy of statement giving particulars.  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  Check box if this address differs from the address on the envelope sent to you by the court.	The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.  If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.  If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.  THIS SPACE IS FOR COURT USE ONLY	
Creditor Telephone Number ( ) 702. 86 9. 5000				
Last four digits of account or other number by which creditor identifies	debtor:	Check here replain or amer	<ul> <li>a previously</li> </ul>	filed claim dated:
1. BASIS FOR CLAIM	Retiree I	penefits as defined in 11 U.S	.C. § 1114(a)	☑ Unremitted principal
Goods sold Personal injury/wrongful death	Wages,	salaries, and compensation	(fill out below)	Other claims against servicer
Services performed Taxes	Last four	r digits of your SS #:		(not for loan balances)
Money loaned Other (describe briefly)	Unpaid o	compensation for services pe	rformed from:	to
a part prot was inquipord.	10.15.0	OURT HIROMENT DATE	DTAINED	(date) (date)
2. DATE DEBT WAS INCURRED: 2004 - 2006 4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that		OURT JUDGMENT, DATE One your claim and state the amount		e time case filed
See reverse side for important explanations.	DOST GOSCIIL	-	nt of the claim at the	s une case med.
UNSECURED NONPRIORITY CLAIM \$  Check this box if: a) there is no collateral or lien securing your claim, or b) you exceeds the value of the property securing it, or if c) none or only part of you entitled to priority.		SECURED CLAIM  Check this box if your a right of setoff).  Brief description of		red by collateral (including
UNSECURED PRIORITY CLAIM		X Real Estate □	_	e 🔲 Other
Check this box if you have an unsecured claim, all or part of which is entitled to priority.		Value of Collateral		, <u> </u>
Amount entitled to priority \$			· ——	at time case filed included in
Specify the priority of the claim:		secured claim, if any:		
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits toward	rd purchase, lease,	or rental of property or
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days	_	services for personal, family, o		
before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).	느	Taxes or penalties owed to go		- ',',',
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	L	Other - Specify applicable para * Amounts are subject to adjus	tment on 4/1/07 and	d every 3 years thereafter
5. TOTAL AMOUNT OF CLAIM \$ \$	3145	with respect to cases commen	ced on or after the t	\$
AT TIME CASE FILED: (unsecured)		secured)	( priority)	(Total)
Check this box if claim includes interest or other charges in addition to the	,	,	(1 - 3)	` ,
<ol> <li>CREDITS: The amount of all payments on this claim has been creed.</li> <li>SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u>, running accounts, contracts, court judgments, mortgages, security a DOCUMENTS. If the documents are not available, explain. If the companies of the proof of claim.</li> </ol>	<i>uments</i> , su agreemen documents	uch as promissory notes, pur ts, and evidence of perfectio s are voluminous, attach a su	chase orders, inv n of lien. DO NO ımmary.	voices, itemized statements of DT SEND ORIGINAL
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5:00 pm for each person or entity (including individuals, partnerships, or	ı, prevailii	ng Pacific time, on Novemb	per 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units). BY MAIL TO:	•	OR OVERNIGHT DELIVERY TO	i	USA CMC
BMC Group	BMC Gro	up		1072500961
Attn: USACM Claims Docketing Center P. O. Box 911		ACM Claims Docketing Cente t Franklin Avenue	er –	. 1072300961
El Segundo, CA 90245-0911	El Seguno	do, CA 90245		
DATE SIGN and print the name and title, if any, of the this claim (attach copy of power of attorning)		other person authorized to file		FILED NOV 0 1 2000
10.30.06 mazal yerushalm.	J. 17			,